



INDIANA ARTS COMMISSION

Connecting people to the arts

DUE TO THE CURRENT FINANCIAL CONDITION OF THE STATE OF INDIANA, THE INDIANA ARTS COMMISSION HAS A NEED TO PLACE A MORATORIUM ON NEW ORGANIZATIONS APPLYING TO THE MULTI-REGIONAL MAJOR ARTS INSTITUTIONS GRANT PROGRAM AT THE 2005 DEADLINE.

ONLY THE 11 ORGANIZATIONS WHO ARE CURRENTLY RECEIVING FY2004 AND FY2005 FUNDS MAY APPLY FOR THIS PROGRAM AT THIS DEADLINE

SAMPLE NOI and APPLICATION

This program is funded by the Indiana General Assembly and the National Endowment for the Arts. Inform your communities and elected officials about the importance of public arts support to your organization and its activities.

THIS APPLICATION WILL BE MADE AVAILABLE UPON REQUEST IN LARGE PRINT, BRAILLE, AUDIO CASSETTE, OR OTHER FORMS TO MEET SPECIAL NEEDS



The application is provided to you in Adobe Acrobat or Microsoft Word for Windows. You may request a paper copy by contacting the IAC.

Two-year Grant Program for Multi- regional Major Arts Institutions

Notice of Intent Deadline

**February 1, 2005
11:59 p.m. EST**

Documentation Deadline

**March 1, 2005
4:30 p.m. EST**

Application Deadline

**March 1, 2005
11:59 p.m. EST**

Grant Period

**July 1, 2005 -
June 30, 2007**

150 W. Market St., Suite 618
Indianapolis, IN 46204
www.in.gov/arts
IndianaArtsCommission@iac.in.gov
317/232-1268
317/233-3001 TTY

SAMPLE NOTICE OF INTENT TO APPLY

FY 2006 – FY 2007

Grant Program for Multi-regional Statewide Arts Service Organizations (SWASO), Capacity Building Program (CBP) or Multi-Regional Major Arts Institutions (MOS).

All organizations intending to apply for FY 2006 funding in the **Statewide Arts Service Organization** category or FY2006 – FY2007 funding in the **Multi-Regional Major Arts Institutions** grant categories must submit this notice to the IAC by midnight, **FEBRUARY 1, 2005**. The FY2006 – FY2007 **Capacity Building Program** grant category must submit this notice to the IAC by midnight, **FEBRUARY 14, 2005**.

The IAC will consult with all applicants in this category to confirm the organization's eligibility to apply for this category or to discuss other funding options available from the IAC or the organization's local Regional Arts Partner.

*ORGANIZATION LEGAL NAME _____
*CITY _____
*STATE _____
*ZIP _____

*NAME OF CONTACT PERSON _____
CONTACT TITLE _____
CONTACT TELEPHONE _____
FAX _____
*E-MAIL _____

*Check the box next to the program you intend to apply:

☐ Statewide Arts Service Organizations (SWASO) ☐ Capacity Building Program (CBP) ☐ Multi-Regional Major Arts Institution (MOS)

*Is this the first time the organization will apply in this category? ☐ Yes ☐ No

*(For **MOS** Applicant ONLY)

Annual independent financial audit is being submitted with (check one): ☐ Notice of Intent form
☐ Grant Application

*(For **SWASO** Applicant ONLY)

Briefly describe your intended project in the space provided: _____
Intended Amount Request: _____

* ☐
Checking this box certifies the above named organization intends to apply for IAC support in the category box checked above (FY2006 in the SWASO category or FY2006 – FY2007 in the Capacity Building Program or Multi-Regional Major Art Institutions category). The organization understands that it may not apply for funding from both the IAC and any Regional Arts Partner in the same fiscal year for state arts funds.

*Name of Authorizing Official _____
*Date _____



Indiana Arts Commission
150 W. Market Street, Suite 618
Indianapolis, IN 46204
317/232-1268 ■ 317/233-3001 TTY
IndianaArtsCommission@iac.in.gov
www.in.gov/arts

Applicant Legal Name:

Address (street, city, state, ZIP+4):

County:

Telephone:

FAX:

E-mail:

Web site:

Application Contact Person (Name, Title, Address, Telephone, FAX, e-mail)

Authorizing Official who signs application (Name, title, and telephone)

Federal Employer Identification Number:

DUNS Number

Data Universal Numbering System (DUNS). Call Dun & Bradstreet at 1-866-705-5711 or 1-610-882-7000. The DUNS number can be obtained from www.dnb.com/us/duns_update.

Legislative Districts: Based on your street address, enter one legislative district number for each of the government branches listed below. The Indiana Arts Commission is the recipient of funds from the State and Federal government and will use the information below to notify your legislators of the results of all IAC funding decisions. If you do not know your correct district numbers, contact your county voter registration office (visit <http://www.monroegreens.org/Campaign2002/VoterReg2.pdf> for a listing) or go to www.vote-smart.org/index.phtml to find the information based on your ZIP+4. **Do not leave this question blank.**

Indiana House # _____ Indiana Senate # _____ U.S. Congress # _____

COMPLIANCE STATEMENT - *The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person on the basis of race, color, national origin, gender, age, religion, or physical or mental disability. The organization understands that it may not apply for state or federal funding from both the IAC and any Regional Partner Organization in the same fiscal year.*

Signature of Authorizing Official

Date Signed

Applicant name:

DEMOGRAPHIC INFORMATION

The Indiana Arts Commission requires the following data. *Estimates are acceptable.* You will be asked to report actual figures on the Final Grant Report.

● **NUMBER AND CHARACTERISTICS OF PEOPLE SERVED**

CHARACTERISTIC	ALL PERSONS SERVED <i>(Number)</i>	ARTIST SERVED <i>(Number)</i>	GOVERNING BODY <i>(Number)</i>	VOLUNTEERS <i>(Number)</i>	STAFF <i>(Number)</i>
<u>RACE /ETHNICITY</u>					
a. Asian	_____	_____	_____	_____	_____
b. Black/African American	_____	_____	_____	_____	_____
c. Hispanic/Latino	_____	_____	_____	_____	_____
d. American Indian/Alaska Native	_____	_____	_____	_____	_____
e. Native Hawaiian/Pacific Islander	_____	_____	_____	_____	_____
f. White	_____	_____	_____	_____	_____
g. TOTAL (Add a. - f.)	_____	_____	_____	_____	_____
<u>AGE</u>					
h. Total Children (under 18)	_____	_____	_____	_____	_____
i. Total Seniors (65 and above)	_____	_____	_____	_____	_____
<u>DISABILITY</u>					
j. Total Persons with Disabilities	_____	_____	_____	_____	_____

PROPOSAL INFORMATION

PROPOSED SERVICE AREA

By checking the appropriate boxes, indicate the service area for your proposed activities for the two-year grant period. Major Arts Institutions must provide services to at least **two** IAC-designated regions.

(Check Boxes)

Region One:		Region Two:		Region Three:	
Lake		Elkhart	Marshall	Allen	Noble
LaPorte		Fulton	Starke	DeKalb	Stuben
Porter		Kosciusko	St. Joseph	Huntington	Wabash
				LaGrange	Wells
				Miami	Whitley
Region Four:		Region Five:		Region Six:	
Benton	Montgomery	Adams	Jay	Clay	
Carroll	Pulaski	Blackford	Madison	Parke	
Cass	Tippecanoe	Delaware	Randolph	Putnam	
Fountain	Tipton	Fayette	Rush	Sullivan	
Howard	Warren	Grant	Union	Vigo	
Jasper	White	Henry	Wayne	Vermillion	
Newton	Clinton				

Region Seven:		Region Eight:		Region Nine:	
Boone	Johnson	Brown	Monroe	Bartholomew	Jackson
Hamilton	Marion	Greene	Owen	Dearborn	Jennings
Hancock	Morgan	Lawrence		Decatur	Ohio
Hendricks	Shelby			Franklin	Ripley
					Switzerland
Region Ten:		Region Eleven:		Region Twelve:	
Gibson	Posey	Crawford	Martin	Clark	Jefferson
Knox	Warrick	Daviess	Orange	Floyd	Scott
Pike	Spencer	Dubois	Perry	Harrison	Washington
	Vanderburgh				

● **PROPOSAL SUMMARY**

In the space provided, summarize your proposal and how you plan to use the IAC funds requested in this application. Your answer is limited to 1500 characters.

- Please select from the following list the goal or goals that your proposal will address.

- ___ a. Maximize public and private resources for the arts.
- ___ b. Provide access to a wide range of artistic expressions.
- ___ c. Strengthen the capacities of artists and arts providers.
- ___ d. Strengthen education, economic development, and tourism.
- ___ e. Increase awareness of the value of the arts.

APPLICATION NARRATIVE AND SUPPORT MATERIALS

The application form is divided into four sections. The first section will provide a brief summary of your proposal. In the second section you will provide information about your organization and its capacity to provide the proposed programs and services for the two-year period covered by this grant. The third section will provide detailed information about the proposed activities for the biennium. The fourth section is a checklist that will inform the panel about the educational activities of your organization.

Any additional support materials that need to be submitted with your application are listed in these two sections. Submit only the requested materials.

There is no minimum or maximum length for each item. Attachments are specified as necessary and are to be submitted electronically where required.

This section will help the advisory panel understand the administrative structure, financial status, and decision-making processes of your organization. To help them understand how your organization functions and its capacity to provide the proposed activities for the next two years, please answer the following:

What is the mission and primary purpose of your organization?

Describe the responsibilities of your volunteer governing body. How often does the board meet? Who is the staff person responsible for management and daily operations of the organization? Include the date your organization was incorporated. Briefly describe key positions in management (staff and/or volunteer).

- [illegible]

- **Financial Status**

Describe your current financial position; include an explanation of any significant changes in your operating budget over previous years and any changes you anticipate from year one to year two of the biennium. What plans are in place for long-term resource development? Is there a current year operating deficit? If so, how will the current year current operating deficit be eliminated by June 30, 2005?

- **Long-range Planning**

Describe the organization's long range planning process. Who is responsible for documenting goal attainment and how is this done? How often does the board review implementation progress? How often is the long-range plan updated?

ABOUT YOUR PROPOSED ACTIVITIES

- **Goals and Activities**

What are your major programmatic goals for the next two fiscal years? Describe what you plan to do, when the activities will occur, where and how the activities will happen. How will the activities be offered to persons in more than one IAC region? Explain the relationship of your proposal's goals to your organization's mission/purpose. Please explain any proposed changes in your annual programming from the first year to the second year of the grant period.

- **Personnel**

Who are the artists, ensembles, artistic resources, and/or other key personnel to be involved? How and why were these people selected?

● **Educational Component**

What is your organization's arts education philosophy? Briefly describe your overall arts education program and educational outreach activities. Describe how your educational activities are related to school reform efforts. What part of your educational activities are arts exposure? What parts of your educational activities are curriculum-based? What specific tools and methods will be used to measure educational attainment of participants?

EDUCATIONAL ACTIVITIES SUMMARY

Check all proposed educational activities. Include relevant activities not already listed.

Arts Camp
Arts Classes - Participatory
Arts Exposure – Lecture, Observation, Performance
Artist Residencies
Artist as Educator Training
Fine Arts Teacher Training
Classroom Teacher Training
Arts Education Promotion Activities
Arts Education Resources
Fine Arts Curriculum Development
Arts Infusion Curriculum Development
Measurement and Assessment
Parent Training
Other:

Other:

Other:

Other:

Other:

EDUCATIONAL OBJECTIVES

This section should summarize the objectives for all the activities you checked in the Education Activity Summary, above. Provide estimates of as many indicators as possible/applicable for FY 2006 and FY 2007. Actual results will be requested in your Interim and Final Grant reports. Where possible, provide current year estimates for comparison.

OBJECTIVES:	FY2006 PROJECTED	FY2007 PROJECTED
Total units of service provided (One unit + ())		
Total counties served *		
Total schools participating *		
Total community-based organizations participating *		
Total artists participating		
# in school-based settings		
# in community-based settings		
Total persons served in school-based settings		
# pre-K children		
# K-12 students		
# higher education students		
# adult learners (18-65)		
# older adults learners (65+)		
Total persons served in community-based settings		
# pre-K children		
# K-12 students		
# youth and adult learners (high school grads +)		
# older adult learners (65+)		
Total parents served		
# w/pre-K age children		
# w/K-12 age children		
Total school personnel served		
# administrators		
# fine arts teachers		
# classroom teachers		

- **Public Outreach/Audience**

Describe the statewide or multi-regional target audience for your activities over the next two fiscal years. What under-served populations will be reached? Discuss briefly your organization's accessibility provisions for this proposal. Describe how your target audience has been involved in the implementation of this project.

- **Promotion and Marketing**

For the biennium, describe plans for statewide or multi-regional marketing, media, and other promotional activities. How will you reach and involve under-served populations, including people with special needs?

- **Outcomes and Evaluation**

Describe plans for evaluating the value and impact of proposed activities, including methods, activities, and timetable. How will the target audience be involved in evaluation activities? Describe how past evaluation findings have been used to improve programs and services.

- **Program Timeline**

A detailed programming timetable of Proposed FY2006 and FY2007 activities.

[illegible]

[illegible]

BUDGET SUMMARY – FY 2006

Provide your FY 2006 (biennium year one) projected annual operating budget. Round all figures to the nearest dollar; no decimals. Contact the IAC if you would like a definition of any of the categories.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
12. Total Cash Expenses	\$		
13. Total In-kind		\$	
14. Total Expenses -add lines 12 and 13			\$

ESTIMATED INCOME	\$
15. Admissions	
16. Contracted Services Revenue	
17. Other Revenue	
18. Corporate Support	
19. Foundation Support	
20. Other Private Support	
21. Government Support-Federal	
22. Government Support-Regional/State	
23. Government Support-Local	
24. Other Applicant Cash	
25. Total Non-IAC Cash Income - add lines 15 - 24	
26. IAC REQUEST	
27. Total Cash Income - add lines 25 and 26; same amount as line 12	
28. Total In-kind (from line 13)	
29. Total Income - add lines 27 and 28; same amount as line 14	\$

BUDGET LINE ITEM DETAIL – FY 2006

Provide a detailed line-by-line breakdown of the budget summary above, identifying what expenses and income (by source) are included in each segment of the budget above. The explanation must provide sufficient detail so that the reader can easily understand how the amount listed for each line item was determined. Follow the same sequence as the chart above. A sample budget detail with the required level of explanation is provided in the Guidelines. Applications without the required level of detail will be returned to the applicant for revision.

BUDGET SUMMARY – FY 2007

Provide your FY 2007 (biennium year two) projected annual operating budget. Round all figures to the nearest dollar; no decimals. Contact the IAC if you would like a definition of any of the categories.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
12. Total Cash Expenses	\$		
13. Total In-kind		\$	
14. Total Expenses -add lines 12 and 13			\$

ESTIMATED INCOME	\$
15. Admissions	
16. Contracted Services Revenue	
17. Other Revenue	
18. Corporate Support	
19. Foundation Support	
20. Other Private Support	
21. Government Support-Federal	
22. Government Support-Regional/State	
23. Government Support-Local	
24. Other Applicant Cash	
25. Total Non-IAC Cash Income - add lines 15 - 24	
26. IAC REQUEST	
27. Total Cash Income - add lines 25 and 26; same amount as line 12	
28. Total In-kind (from line 13)	
29. Total Income - add lines 27 and 28; same amount as line 14	\$

BUDGET LINE ITEM DETAIL – FY 2007

Provide a detailed line-by-line breakdown of the budget summary above, identifying what expenses and income (by source) are included in each segment of the budget above. The explanation must provide sufficient detail so that the reader can easily understand how the amount listed for each line item was determined. Follow the same sequence as the chart above. A sample budget detail with the required level of explanation is provided in the Guidelines. Applications without the required level of detail will be returned to the applicant for revision.

ACCESSIBILITY STATEMENT

All applicants must complete this form.

THE APPLICANT, _____ :
(insert name of applicant organization here)

- **ASSURES** that all *arts programs, services, and activities* made possible with Indiana Arts Commission funding and all *facilities* in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.
- **ASSURES** that this warranty is based on: (check all applicable)

Independent accessibility assessment, completed by:

_____ Name	_____ Title	_____ Date
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Applicant self-assessment, completed by:

_____ Name	_____ Title	_____ Date
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Recommendations from a citizen advisory committee, composed of persons with disabilities.

Other (specify): _____

ASSURES that materials supporting this statement are maintained on file and are available for review.

Signature, Authorizing Official

Date Signed

Title of Authorizing Official

Telephone Number

